

Chaplaincy-spiritual care products and output

1. Chaplains have not found it easy to describe their work in quantifiable terms. Although chaplains work in groups and communal settings, the majority of their time is spent in one to one discourse tailored to the individual for whom they are caring. There are outcomes from this work expressed as feelings and apparent in behaviours. Measuring these changes is currently imprecise.
2. Nevertheless, chaplains have sought to provide data about their work in accordance with guidance about the need for data¹. This guidance is recent and its understanding and implementation by chaplains has taken time. The guidance is also about a minimum requirement and this has been aimed at the majority of the chaplaincy workforce which is part-time in NHS employment and not resourced for data gathering by the NHS.
3. Set out below are the results of a small survey of chaplains undertaken in order to find data which would allow a description of what they do in a typical week. Data was gathered from 15 different chaplaincies and averaged to show what that typical week comprised and what was done. This week is expressed in terms of the minimum data set and there are notes below the table which explain some particular aspects.

In a typical week Minimum data set category	Range from survey	Average value chaplains in acute services	Average value chaplains in mental health
Number and duration of initial episodes of spiritual care categorized as being either routine or emergency	2 – 32 initial episodes taking 1 – 7 hrs	25 initial episodes taking 5 hrs and 30 mins	8 initial episodes taking 5 hr 20 mins
Number and duration of continuing episodes of spiritual care categorized as being either routine or emergency	2 – 45 continuing episodes taking 2 – 11 hrs	23 continuing episodes taking 6 hrs and 20 mins	19 continuing episodes taking 6 hrs
Number and duration of religious services in ward/ prayer room/ chapel	2 – 12 religious services taking 1 – 6 hrs and 30 mins	8 religious services taking 3 hrs and 30 mins	2 religious services taking 2 hr 30 min
Number and duration of funerals	0 – 12 funerals taking 30 mins – 6 hrs and 30 mins	2 funerals taking 2 hrs and 10 mins	1 funeral taking 1 hr
Duration of time spent in multi-disciplinary team meetings	45 mins – 5 hrs and 20 mins	1 hr and 50 mins	1 hr and 50 mins
Duration of time spent "being there" categorized by location within the hospital/ setting	2 hr and 45 mins – 20 hrs	11 hrs and 5 mins	12 hrs and 45 mins
Duration of time spent in training Trust staff not	15 mins – 2 hrs and 30 mins	1 hr and 5 mins	1 hr and 20 mins

In a typical week Minimum data set category	Range from survey	Average value chaplains in acute services	Average value chaplains in mental health
members of the chaplaincy department			
Duration of time spent in activities categorized as continuing professional development	15 mins – 6 hrs	1 hr and 50 mins	1 hr and 35 mins
Duration of time spent in staff/ chaplaincy team meeting	30 mins – 4 hrs	1 hr and 40 mins	2 hrs and 20 mins
Duration of time spent travelling between sites	0 – 4 hrs	1 hr and 20 mins	3 hrs
Total hours recorded		36 hrs and 20 mins	37 hrs and 40 mins

4. Some caution is necessary about the data presented here. The sample is small and the range of data wide indicating that there needs to be further testing of the averages. At the same time, the averages themselves seem reasonable to those contributing data and to the small group of chaplains to whose work this survey was a contribution. No attempt has been made in this survey to categorise activity by location or in time frame and the survey did not cover “what was not done” i.e. the time between tasks and admin time generally.
5. The conclusions drawn from this data are only as strong as the data itself. In relation to this survey it is possible to conclude as follows:
 - The chaplaincy working week is occupied by several different activities all of which relate to the health and well being of the users;
 - The majority of chaplaincy time (76-78%) is spent in direct delivery of spiritual care to users (initial and continuing episodes, religious services, funerals and “being there”);
 - There are differences in the pattern of the working week between those working in acute care and those in mental health.
6. The data about initial and continuing episodes reflect the urgent nature of acute services with an emphasis on initial diagnosis whilst in mental health the emphasis is on continuing care and less on an initial intervention. The average duration of an episode of care in acute services was half that in mental health (14 mins in acute compared to 28 mins in mental health) implying a significant difference in the nature of these episodes.

7. Although providing religious services is very important to both the user and the chaplain, it is a small part (10%) of the chaplain's time in acute and mental healthcare¹. Less emphasis is given to collective worship in acute services than is the case in mental health. At the same time, chaplains in acute services may spend much of the "religious" time providing sacramental observance for users at ward level.
8. The issue of how much time is spent on "religious" activity will vary between acute settings and those in mental health because of the view that religion and spirituality are linked positively and negatively to mental health. Thus, there is still the feeling in mental health settings, that religious issues are an important priority for the chaplaincy. There are other differences between chaplaincy in different healthcare settings not highlighted here.
9. Funerals remain a most important part of the care chaplains provide to users. In addition to the actual event, chaplains are intimately involved in planning the liturgy and discerning the families' views and feelings to this end. The funeral is often the end point in a relationship formed with users on admission or through a period of crisis during a hospital stay. Both staff and carers benefit enormously in the closure which this event provides for those affected by bereavement.
10. "Being there" is a purposeful activity reflecting the chaplain's sense of where their time is needed. It can include being present in ITU or A&E at times of pressure/ stress but also includes just being available within the office or near the chapel at times of crisis/ anxiety for the hospital. This is not purely the length of time that the chaplain spends at work nor is it a balancing figure to make up the total.
11. Chaplains do not work alone and rely on others to understand spiritual care and to deliver care on a routine basis. Such delivery requires education and training and this will encompass cultural issues as well as faith-based aspects. Chaplains of the world faiths may also be involved in wider education programmes as part of the Trust's general approach to diversity.
12. As professionals in healthcare, chaplains give a significant part of their time to continuing professional development.
13. Inevitably, chaplains become involved in meetings, be they for team co-ordination, the planning of wider projects or as part of care planning within multi-disciplinary teams. This involvement is important for the contribution chaplains make in specialist spiritual care and also as support to those within the wider healthcare team who may provide spiritual healthcare throughout the day and night.

¹ In a part-time PCT context, the provision of religious services takes up a much higher proportion of time because the weekly services still take as long whether the chaplain is working one day or a week or five. The proportion of an individual's time could therefore reach 20%.

14. Space in this document has not been available to reflect fully the contribution of chaplaincy volunteers first identified in the survey of chaplains undertaken in 2002ⁱⁱ. These estimated 10,000 volunteers within the chaplaincy service impact on the work of chaplains in three major ways:
- Sustaining this number of volunteers requires management and training skills of a high order; and,
 - The availability of this workforce extends and develops the range of care which the chaplaincy team can deliver.
 - Volunteers provide the Trust with a willing body of community-based publicists who communicate and sustain the Trust's image and reputation locally.

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ⁱ Guidance Note: A minimum data set for spiritual healthcare; South Yorkshire SHA; 2005

ⁱⁱ National Survey of chaplaincy – spiritual healthcare issues 2002/03; South Yorkshire WDC; 2003